

Leslie E. Barnes, Ph. D., LMFT
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Licensed Marital and Family Therapist
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INFORMED CONSENT

I understand that Dr. Leslie Barnes has been retained to conduct a psychological evaluation of myself at the request of the OSU medical school and human resources department. This evaluation will consist of a clinical interview and written psychological testing. I understand that the results of this evaluation will be released in the form of a written report to the designated individual in the human resources department of the OSU medical school. I understand that the information obtained in this evaluation is under the primary control of the OSU medical school and that this psychologist is contracted with the medical school to provide the evaluation. The information obtained during the evaluation will be used to identify any recommendations that may be indicated and related to the issues of concerns which prompted this evaluation. Although recommendations based upon the evaluation may be made by Dr. Barnes, any decisions based upon evaluation data will be made by personnel of the OSU medical school.

Jeffrey Snyder
Jeffrey Snyder

6-12-14

Date

Leslie Barnes
Dr. Leslie Barnes

6-12-14
Date